

# UNIFORM INCIDENT REPORTING FORM

## Program Information

Provider Organization Name: _____		Provider Phone #: _____
Program Site <u>or</u> Foster Home Address: _____		Site <u>or</u> Foster Home Jurisdiction: _____
<b>Program Type:</b> <input type="checkbox"/> ALU <input type="checkbox"/> DETP <input type="checkbox"/> Group Home <input type="checkbox"/> High Intensity Respite <input type="checkbox"/> ILP <input type="checkbox"/> Mother –Child <input type="checkbox"/> TFC		

## Incident Information

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ ☐ am ☐ pm

Date Reported to Licensing Agency \_\_\_\_\_ Time Reported to Licensing Agency: \_\_\_\_\_ ☐ am ☐ pm

Date Reported to Placement Agency: \_\_\_\_\_ Time Reported to Placement Agency: \_\_\_\_\_ ☐ am ☐ pm

**Incident Location** (If different from site location): \_\_\_\_\_

**Notification Method** (Check all that apply): ☐ Phone ☐ Fax ☐ Email

**Reporter's Name:** \_\_\_\_\_

**Reporter's Job Title:** \_\_\_\_\_

## Persons Involved in the Incident

*Youth in Placement (Use additional paper if needed)*

First Name and Last Initial of Youth Involved in Incident	DOB	Gender	Injury sustained (Y/N)	Placing Agency

*Staff Members / Foster Parent (Use additional paper if needed)*

Full Legal Name	Position (If foster parent, provide phone number)	Behavior Management Certified (Y/N)

*Others involved in the incident (Use additional paper if needed)*

Full Legal Name	Relationship to child	DOB	Contact Phone #

## Incident Type

**Choose as many as apply to the situation. Be sure that each issue identified is addressed in the narrative.**

- |  |   |
|--|---|
| <input type="checkbox"/> Assault On Other Youth                      | <input type="checkbox"/> Injury To Foster Parent/Staff        |
| <input type="checkbox"/> Assault On Foster Parent/Staff              | <input type="checkbox"/> Property Damage                      |
| <input type="checkbox"/> Death Of Child                              | <input type="checkbox"/> Theft                                |
| <input type="checkbox"/> Death Of Staff /Foster Parent While On Duty | <input type="checkbox"/> Automobile Accident                  |
| <input type="checkbox"/> Injury To Youth Subject Of The Incident     | <input type="checkbox"/> Possible Violation Of Youth's Rights |
| <input type="checkbox"/> Injury To Other Youth                       |   |

### Behavioral Issues:

- ☐ Awol  
☐ Sexual Misconduct  
☐ Police Involvement  
☐ Possession Of Contraband  
☐ Arrest  
☐ Fire Setting  
☐ Gang Involvement  
☐ School Suspension (> 3days)  
☐ School Expulsion

### Mental Health/Substance Use

- ☐ Alcohol Use/Possession  
☐ Drug Use/Possession  
☐ Emergency Petition  
☐ Ingestion Of Harmful Substance  
☐ Injury To Self  
☐ Homicidal Ideation  
☐ Homicidal Attempt  
☐ Suicidal Ideation  
☐ Suicidal Attempt

### Medical Event

- ☐ Emergency Medical Treatment  
☐ Emergency Hospitalization  
☐ **Medical**  
☐ **Psychiatric**  
☐ Medical Event (Significant but Non-Emergency)

**Other:** \_\_\_\_\_

## Restraint

<b>Name of Behavioral Intervention Protocol used:</b>			
<b>Length of Time in Restraint:</b>			
<b>Reason for Restraint:</b>	<input type="checkbox"/> Danger to Self	<input type="checkbox"/> Danger to Others	<input type="checkbox"/> Destruction of Property
<b>Type of Restraint Used:</b>	<input type="checkbox"/> One Person	<input type="checkbox"/> Two Persons	<input type="checkbox"/> Three Persons <input type="checkbox"/> Small Child

## Suspected Abuse/Neglect

<b>Date /Time Reported to CPS:</b>			
<b>Name Of Caseworker Taking Report:</b>			
<b>Type of Allegation:</b>	<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Verbal/Mental Injury <input type="checkbox"/> Neglect

## Notification Information

	Name	Date and Time	Phone/Fax/Meeting/Etc.
<b>Program Administrator / Designee</b>			
<b>Licensing Agency</b>			
<b>Placing Agency Case Worker</b>			
<b>Parent/Guardian</b> (if appropriate):			
<b>Law Enforcement:</b> <b>Police Report#</b> _____ <b>Police District:</b> _____	<b>Badge #:</b> _____		

## Narrative Information

**Use this space to provide details of the incident. Answer the questions below to provide a detailed account of the incident being reported. Use additional paper if necessary.**

- I. Describe the incident and surrounding circumstances. Include information on antecedent behaviors, specific behaviors of the youth, staff/foster parent responses. Provide facts – avoid speculation, subjectivity or personal comments.
- II. Identify the actions taken by staff/foster parents to de-escalate the situation and ensure safety of all involved. Include information about staff/foster parent intervention, behavior management techniques, the involvement of law enforcement and other emergency personnel involvement and any other relevant information regarding the intervention provided.
- III. Describe any follow-up, corrective action and other relevant safety measures taken, plans/subsequent interventions put in place.

Reporter's Signature

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Program Administrator/Designee's Signature

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Program Administrator Printed Name